									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003										10698861					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN				
TOTAL CLAIMS			26				. 1	RATE	FE	Ε		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385	5.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			26 minus 20=		. 6			X\$ 9=			OR	X\$18=	108		
INDEPENDENT CLAIMS			ک minus 3 =		9			X43=			OR	X86=			
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=			OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL	878		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTI	TΥ	OR	OTHER SMALL	-		
AMENOMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	AD: TIOI FE	VAL		RATE	ADDI- TIONAL FEE		
	Total	.26	Minus	2	6	= /		X\$ 9=			ØA	X\$18=			
	Independent	. 2	Minus	***	3	=	t	X43=	1	7	OR	X86=			
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM	$/\Box$.	.	. 446	1/			+290=			
1,14,								+145=			971	TOTAL			
									Ē		OH ,	ADDIT. FEE			
		(Column 1)	T	(Colum		(Column 3)	r		1 40	<u> </u>			ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	BER DUSLY:	PRESENT EXTRA		RATE	ADI TION	NAL		RATE	TIONAL FEE		
	Total	•	Minus	4**		=	ı	X\$ 9=		į.	OR	X\$18=			
	Independent	*	Minus	***		=	Ī	X43=			OR	X86≑			
لِـُـا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									\neg		+290=			
•								+1'45=		\dashv	OR	TOTAL			
									Ē L	'	OR ,	ADDIT. FEE			
,		(Column 3)	_												
ž l		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE.	TION FE	IAL		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=			DR.	X\$18=			
	Independent	*	Minus .	***		=	r	X43=	1	一,	20	X86=			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	+	\neg	DR				
• (1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										DR [+290= TOTAL			
•• 11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								<u> </u>		DR A	ODIT. FEE			
T	he "Highest Num	ber Previously Paid	f For" (Total o	Independe	nt) is the	highest number	foun	nd in lhe a	ppropriat	e box i	n calu	ımn 1. \			